

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8297	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Bonita L Fixell P.O. Box, Bldg., Room No., if any Street 523 Auburn Pl NW City Elk River State Minnesota ZIP Code + 4 55330-1972	4. Name, file number, and address of labor organization. Name CWA Local 7112 Labor Organization File Number 000.188 P.O. Box, Building and Room Number, if any P.O. Box 851 Street City St. Cloud State Minnesota ZIP Code + 4 56302
5. Position in labor organization. EXECUTIVE VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name QWEST COMMUNICATION CORPORATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1801 California Street City Denver State Colorado ZIP Code + 4 80202-2658	7.a. Nature of Interest, Transaction, or Income. SEE ATTACHMENT 7.b. Amount. \$619

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bonita L Fixell

On

08-08-2005

Date

763-241-9842

Telephone Number

REVISED 8-8-2005

Name of Person Filing Bonita Fixell	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

PART A ATTACHMENT

Bonita Fixell
EVP CWA Local 7212
P.O. Box 851
St. Cloud, Mn 56302

Fiscal year 1-1-04 - 12-31-04
File number
Local Tn 320-252-7212
Home Tn 763-241-9842

7a)

Expenses for Union Officers meeting sponsored by Qwest:

June 21st & June 22nd, 2004

Qwest President's mtg Denver

Hotel \$ 97.00
Airfare \$ 275.00

(Denver one night)
(Airfare from Mpls to Denver
Roundtrip)

Mileage \$ 83.00

(St. Cloud to Airport -
Roundtrip)

Per diem \$ 32.00

June 21st, 2004

Travel exp \$ 50.00

June 21st, 2004

Per diem \$ 32.00

June 22nd, 2004

Travel exp \$ 50.00

June 22nd, 2004

TOTAL \$619.00